

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:17

DOCUMENT # F93000001252 (6)

1. Corporation Name
OUTRIGGER HOTELS USA, INC.

Principal Place of Business Mailing Address
P.O. BOX 08298 P.O. BOX 08298
HONOLULU HI 96830-8298 HONOLULU HI 96830-8298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/08/1993** 3a. Date of Last Report **02/24/1994**
4. FBI Number **88-0241611** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (not too applicable) (Not Applicable) Registered Agent signature required when registering Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME **KELLEY, RICHARD R**
STREET ADDRESS **3701-D DIAMOND HEAD RD**
CITY - ST - ZIP **HONOLULU HI**

TITLE DP
NAME **CAREY, W. DAVID P**
STREET ADDRESS **3701-C DIAMOND HEAD RD**
CITY - ST - ZIP **HONOLULU HI 96816**

TITLE VS
NAME **HISER, JOEL W**
STREET ADDRESS **2104 HALAKAU ST**
CITY - ST - ZIP **HONOLULU HI**

TITLE S
NAME **WILLIAMS, REBECCA S**
STREET ADDRESS **71 S. KALAEHO AVENUE**
CITY - ST - ZIP **HONOLULU HI 96834**

TITLE T
NAME **WILNSKY, MELVYN M.**
STREET ADDRESS **606 PUUKENA DR.**
CITY - ST - ZIP **HONOLULU HI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS **3701B Diamond Head Rd.**
1 4 CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME **AS Elizabeth Kelley-Black**
3 3 STREET ADDRESS **3725 Diamond Head Rd.**
3 4 CITY - ST - ZIP **Honolulu, HI 96816**

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME **VPT**
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME **AT Avery K. Aoki**
6 3 STREET ADDRESS **323 Kealahou Street**
6 4 CITY - ST - ZIP **Honolulu, HI 96825**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an amendment with my address.

SIGNATURE: *Rebecca S. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rebecca S. Williams, Secretary

7-16-95 (105) 924-4536
Date Date Filed

TO: Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

FROM: Outrigger Hotels Hawaii
Tax Services
P.O. Box 88298
Honolulu, Hawaii 96830-8298

CERTIFIED MAIL P 024 401 814

Date: February 16, 1995

We submit the following for filing:

1995 Corporation Annual Report

<u>Name</u>	<u>Year End</u> _____	<u>Amount Enclosed</u>
Outrigger Hotels USA, Inc.	12/31/94	\$200.00

PLEASE RECEIPT AND RETURN TO:

Outrigger Hotels Hawaii
P.O. Box 88298
Honolulu, Hawaii 96830-8298
Attention: Becky Solether Williams

TO: Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

FROM: Outrigger Hotels Hawaii
Tax Services
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